

A Paramedic Program Breakdown Brings Tragedy to 'Valley of Death'

Territorial Dispute Blamed in Death of Health Services Nurse

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When Linda Jefferis left work at the Los Angeles County Department of Health Services at about 5 p.m. on Wednesday, May 30, she was a nurse frustrated by the politically charged atmosphere surrounding the county's paramedic program.

She knew such frustration intimately. She had served the emergency medical services system in one capacity or another for nearly 15 years.

Since the early 1970s, she had trained paramedics assigned throughout the county and had tried to get them placed at locations where they could save the most lives.

This was to be her last drive home. Thirty hours later, Linda Jefferis died in Memorial Hospital of Gardena of the effects of a heart seizure.

No Squads Dispatched

She died, the doctor who began the Los Angeles paramedic program says, because, despite the fact that she had the fatal heart attack on a section of the Harbor Freeway that is surrounded by six paramedic units, none of those rescue squads was dispatched to help her. The reasons for the purported failure are complicated and political but their result is simple: Jefferis, 40, is dead.

The case is seen by some top paramedic officials as the ultimate irony—the system killing someone who played a key role in founding it—that may finally force at least some changes that could mean that others may survive re-enactments of such a tragedy.

Within 24 hours, health officials, shocked over what had taken the life of a key paramedic program expert, ordered an investigation that is still in progress—under the personal direction of Leonard R. Inch, chief of the Prehospital Care Program of the county Emergency Medical Systems Division. The Times gathered details of the Jefferis case from Inch and others.

On the fatal afternoon, Jefferis (she pronounced it Jeffers) walked out of the Health Services Department building at 313 N. Figueroa St. and got into her small imported car to begin the drive home to the apartment in Torrance she shared with Margaret Maloney, a friend of 20 years and also a nurse.

Plans Unknown

Traffic was normal and heavy that afternoon on the freeway, but was flowing at about 25 m.p.h. Her plans for the evening aren't known, but Maloney recalls that Jefferis was a person who lived life with vigor—in large part because she had a genetic heart defect identical to one that had killed Jefferis' mother at a young age—and she wanted to enjoy herself while she could.

She enjoyed white-water rafting and photography, Maloney said. In general, she thrived on risk-taking.

Numerous doctors had worked to diagnose Jefferis' heart defect, but even at her death, there was some disagreement about precisely what was wrong, friends and co-workers say. Whatever it was, it was rare and it periodically interfered with the normal rhythm of her heartbeat.

Jefferis' route home every night took her through a geographic corridor that is a remnant of a colorful period in Los Angeles history. It would, according to the man who first developed the paramedic program in Southern California, be partially responsible for her death.

In the early part of this century, in its eagerness to acquire an ocean



The death of nurse Linda Jefferis is still under investigation.



JAYNE KAMIN / Los Angeles Times

Leonard R. Inch is chief of the Prehospital Care Program.

port of its own, the city of Los Angeles cast covetous eyes on the cities of San Pedro and Wilmington. The harbor area represented the desired port, but there was a problem. Los Angeles didn't connect with either of the cities there.

So in 1906, the city executed what was called the "Shoestring Annexation." In preparation for the conquest of the harbor three years later, Los Angeles took over a strip of land barely a half mile wide that runs from what is now South-Central Los Angeles to Wilmington.

Harbor Freeway Built

As Southern California evolved in the following decades, the cities of Gardena, Carson, Torrance and Compton grew to surround the narrow shoestring corridor, which also cut a swath through unincorporated Los Angeles County territory. Eventually, the Harbor Freeway was built on the Shoestring Strip and, for about 4½ miles, the busy freeway runs through a section of what is legally the City of Los Angeles, but which is in functional geographic terms more an extension of neighboring cities.

The Shoestring Strip has been one of those areas that has been somewhat ignored as political posturing and fire department traditionalism, in the view of many observers, have left unresolved the question of how emergency medical services are to be provided in areas like it.

On the freeway that afternoon, Linda Jefferis was in the fast lane, heading south, when she apparently grew faint. She had had heart seizures before and had been under treatment with drugs to control the beating rhythm of her heart. Just

north of the Redondo Beach Boulevard exit, it had happened again.

The beating pattern went wild and Jefferis, almost certainly sensing what was happening, steered for the center divider, stopped her car and lost consciousness. She was almost exactly halfway down the stretch of freeway on the Shoestring Strip. It was 5:40 p.m.

Behind her in another car, a man and woman trained in cardiopulmonary resuscitation (CPR) saw something was wrong and brought their auto to a halt, parking just in front of Jefferis' vehicle. In the ensuing confusion, no one thought to ask their names and they subsequently disappeared without ever being identified.

Started CPR in Car

The man had somehow opened the locked door of Jefferis' car and, since removing the unconscious nurse could have been too dangerous in freeway traffic, he and his companion had started CPR with the stricken victim still sitting in the driver's seat.

Someone called the California Highway Patrol and a dispatcher, believing the incident to be a traffic crash and not a far less common heart emergency, called the Los Angeles City Fire Department.

But the unit that would normally have been sent, city ambulance No. 64, manned by two paramedics, was on another call and the Fire Department dispatcher, following normal procedures, substituted ambulance No. 65.

That particular unit is one of the last four in the department staffed only by emergency medical technicians and lacking the sophisticated

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TONY BARNARD / Los Angeles Times

Dr. J. Michael Criley, head of cardiology at Harbor/UCLA Medical Center, with defibrillator that could have saved Jefferis' life.

'VALLEY OF DEATH': A Paramedic Failure

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medical gear that could have been Jefferis' last chance at survival. A fire engine also was sent, but it encountered slowing on the freeway and required more than 20 minutes to arrive.

But as this scene was unfolding, the Shoestring Strip was, quite literally, surrounded by paramedics.

At that moment, this was the status of units in the area, according to the fire departments involved: Paramedic squad No. 1 of the Gardena Fire Department was in quarters, waiting for its next dispatch. Unit No. 1's station is three minutes from where the drama of Linda Jefferis' heart seizure was being played out.

Los Angeles County Rescue Squad No. 36 was available, 10 minutes from the scene, also paramedic-staffed. By the time the fire engine arrived at the freeway location, another county rescue unit, Squad No. 116, four minutes from the scene, had also returned from an earlier call and was again available.

Compton Fire Department No. 442, another paramedic rig, was in quarters and available, 10 minutes away. Hawthorne Fire Department Unit No. 51 was likewise available, though it would have required 20 minutes—still less time than the fire engine required—to get there. Only Compton Unit No. 441, normally stationed about two minutes closer to the scene than No. 442, was unavailable.

But none of these five paramedic rescue vehicles, standing close enough to respond and possibly save Jefferis' life, was ever called.

It is a situation that has prompted Dr. Michael Criley, the man generally perceived as the father of the paramedic program and a longtime friend of Jefferis, to call the Shoestring Strip a "valley of death."

Criley is head of the cardiology department at Harbor/UCLA Medical Center and director of the county's paramedic training center, where Jefferis worked after helping Criley get the paramedic program off the ground starting in about 1971. To him, what happened in the strip that day is a tragic example of how, 15 years after it began, the paramedic system in Los Angeles County remains inadequate to serve all the people it is supposed to save.

The five or six available paramedic squads weren't summoned because the Los Angeles City Fire Department has never developed agreements in which emergency medical units from other departments can be automatically substituted if a city ambulance is not available. So the firemen who man the nearest paramedic units never knew someone was dying on the freeway that afternoon.

It is in the Shoestring Strip where the danger is most acute, but there are other areas of the city—in West Los Angeles where Culver City and unincorporated Los Angeles County commingle, for instance, where the same kind of potential lies. There are no statistics on how often incidents like the one that ended Linda Jefferis' life occur and Inch said even a guess would be impossible because his agency still has no reliable information-gathering system.

Heart's Pumping Action Lost

On the Harbor Freeway, because there was no electrocardiograph machine in the city ambulance, it was impossible to tell what kind of rhythm disturbance had struck Jefferis. Because there was no defibrillator—an electric shocking device that can restore normal rhythm to a stricken heart—there was no way to stop her from going into ventricular fibrillation, a sort of beatless, random pattern in which the heart's pumping action is lost.

The city ambulance sped to the scene on surface streets and arrived within seven minutes after it was dispatched. But because it requires three people to transport someone in heart failure to a hospital—two to maintain CPR and one to drive the ambulance—the firemen at the scene had to wait for the engine company that was stuck in freeway traffic.

It wasn't until about 30 minutes after the first call for help was transmitted that the ambulance finally took Jefferis to Memorial Hospital of Gardena, only a few minutes away. There, a heart specialist evaluated her case. He agreed to discuss it only on the condition that he not be named in *The Times*.

When she was brought into the hospital, the doctor said, Jefferis was in extremely critical condition. A defibrillator was used on her twice in the hospital and doctors succeeded in re-establishing at least a weak regular beat to her heart. While Criley, who is intimately acquainted with Jefferis' medical history, said he believes she would almost certainly have survived if a defibrillator had been used on her on the freeway, the doctor who treated her at Gardena was unwilling to make such an unequivocal statement.

"It (defibrillation) might have improved the outlook," the doctor said. The pupils of her eyes changed from dilation to normal contraction—a sign of some improvement. The doctor spent an hour or so working on Jefferis and then transferred her to a coronary care unit. By then, however, Jefferis' fate was sealed. She lingered for a little more than a day and then died late Thursday, May 31.

She was still technically alive when the ongoing investigation of her case was ordered.

The funeral was five days later, from Our Lady of Guadalupe Church in Hermosa Beach. It was a service like no other the Catholic parish had ever seen. A crowd of hundreds showed up—many in uniform and many of them fire officials who had known Jefferis. A priest recalls that the church was surrounded by fire trucks, ambulances, paramedic squads and police cars from all over the county.

Criley delivered the eulogy.

"She also observed firsthand the tragedy that resulted all too often when the cumbersome response system allowed the precious minutes to tick away when a victim's life was in the balance," Criley said from the

pulpit. "The tragedy of her death was compounded by senseless irony."

"Linda, please understand that those of us here who are honored to be considered your friends will do everything in our power to see to it that the program for which you worked so long and so hard will not deny its services to another victim because of a jurisdictional dispute."

"If we are successful, your tragic death will not have been in vain."

The Jefferis case, Criley said, made him even more disenchanted with the paramedic system, which he already had come to view as a sort of "Frankenstein monster" he had created. He blamed politics—both partisan and budgetary—for the system's flaws.

He has, for years, he contended, watched powerlessly as Los Angeles city fire chiefs have treated the paramedic program as a kind of stepchild.

"It's been a running battle. You couldn't in your farthest of dreams think about how you could get a system so hopelessly snarled in red tape."

The reasons, Criley speculates, have to do with the inherent traditionalism of fire departments. "They (past fire chiefs) have never accepted rescue work as something they have to do. Fire chiefs until very recently were all died-in-the-wool firefighters who haven't had any interest in sophisticated pre-hospital care."

Even fire department officials agree. Dr. Gregory Palmer, an emergency medicine specialist hired by the city's new fire chief, Donald O. Manning, less than a year ago to try to bring order from the chaos of the paramedic program, said that until nine months ago there had not been a serious attempt to negotiate settlements to the kinds of geographic anomalies like the Shoestring Strip that have made local emergency medical services spotty.

Manning, Palmer said, may be the first fire chief in the city's history to accord the paramedic program equal importance to firefighting. Last year, the emergency medical services division was broken out as an independent component of the department, with equal rank to firefighting, fire prevention and maintenance.

Trade With the County

The Jefferis case, Palmer said, shook the fire department severely. "That's a fair statement," he said. "I think that when one of your own is involved in a tragedy, it tends to focus attention on the system as a whole and how it can be improved."

Palmer said the department is trying to negotiate what would amount to a trade with the Los Angeles County Fire Department. Under the deal, the county would agree to automatically send its paramedic units to the Shoestring Strip in exchange for similar city coverage in areas where there are similar geographic entanglements. He conceded such an agreement could have been made a decade ago, but never was.

But, said Palmer, only a preliminary draft of the agreement has been completed and even that has not been shown formally to top county department officials. Moreover, even if the deal is made, it will not apply to Gardena and Compton and there is little likelihood seen that those two municipalities can be persuaded to join forces with the city.

That's because, Inch said, Gardena has just one paramedic squad and it responds to only about 750 calls a year, while the Los Angeles city unit nearby has 5,000 responses. Under the circumstances, said Palmer, Gardena could gain nothing from an automatic response agreement. "Suppose you're Gardena," said Inch, "and the city says, 'Boy, have we got a deal for you! You cover for our 5,000 calls, and we'll cover for your 750.'"

"Frankly, we would have very little to offer Gardena," Palmer said. He is not unsympathetic to Gardena's position, since it would be unfair to ask taxpayers there to accept the possibility that their only paramedic ambulance might be on a backup call in Los Angeles when a heart attack or other emergency occurs in Gardena.

The Compton situation is even murkier, Palmer said, and not even a preliminary contact has been made with officials there. Palmer said he was not aware of the details of what makes the Compton situation equally difficult, although it, too, is a city far smaller than Los Angeles.

The city, said Palmer, recently got budgetary authorization to convert to paramedic status the four remaining non-paramedic ambulances. The conversion, he said, will not be completed until the middle of next year.

Some Response Capability

The city also is considering assigning a single paramedic to an engine company in the middle of the Shoestring Strip, as well as to other engines in similar areas. That would give the engine company some capability to provide the most important paramedic services even though it could not transport victims to hospitals. The Los Angeles County Fire Department is already experimenting with such units.

Inch points out that Jefferis herself would not view as suitable a band-aid solution inspired by her death. But, said Inch, the nurse who, in life, had been frustrated by the system, may, in death, turn out to have forced it to change.

Weeks after her death, Jefferis' little cubicle on the seventh floor of 313 N. Figueroa, immediately next door to the cell-like space where Inch sits, remained undisturbed. A small sign with her name still sat atop the low partition separating her area. Someone had kept her plants watered and her coffee cup sat, washed, on a small shelf.

"It's as if we keep waiting for her to come back from vacation," Inch said. "I wish it hadn't been Linda. I wish it hadn't been anyone, at all."